

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155253		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/18/2012	
NAME OF PROVIDER OR SUPPLIER  MEADOWOOD HEALTH PAVILION				STREET ADDRESS, CITY, STATE, ZIP CODE 2455 TAMARACK TR BLOOMINGTON, IN 47408			
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/18/12</p> <p>Facility Number: 000156 Provider Number: 155253 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadowood Health Pavilion was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for the closet in the Administration Coordinator's office. The facility has a fire alarm system with smoke detection in the corridors, spaces</p>		K0000	<p>Meadowood Retirement Community wishes to point out to any person who reviews this document that we do not necessarily agree with the citations with which we were cited. However, the law requires us to prepare a plan of correction for the citations regardless of whether we agree with them. Thus, we prepared such a plan below. Please note, though, that this plan does not constitute an admission that the citations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation or position, and Meadowood Retirement Community reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. Please accept November 16, 2012 as the facility's allegation of compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>open to the corridors and battery powered smoke detectors in all the resident rooms. The facility has a capacity of 66 and had a census of 38 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage, but in compliance with smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for the garage used for facility storage and the closet in the Administration Coordinator's office.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills included the verification of the transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 10/18/12 with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 09/11 to 09/12 indicated the fire alarm system had been</p>		K0050	<p>Facility Position: The facility has and had at the time of survey, policies and procedures in place to assure testing and maintenance of the fire alarm system in accordance with applicable requirements. Plan of Correction: Fire drills are conducted on varing shifts on a monthly basis in accordance with requirements. Included in all drills, verbal verification for the fire alarm signal to the monitoring station will be completed and documented. The administrator will monitor fire drill logs and compliance following monthly drills. Any findings will be reported to the Qulaity of Life Risk Management Committee.</p>		10/25/2012	

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	<p>activated, but the verification of the transmission of the signal was not documented. Based on interview on 10/18/12, the Maintenance Supervisor acknowledged none of the fire drill reports documented the transmission of the signal was received by the monitoring station.</p> <p>3.1-19(b) 3.1-51(c)</p>						

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/18/12 at 1:10</p>			K0051	<p>Facility Position: The facility has and had at the time of survey, policies and procedures in place to assure testing and maintenance of the fire alarm system in accordance with applicable requirements. Plan of Correction: The fire alarm circuit disconnect has been properly located in the circuit breaker panel fed from the generator. The disconnect has been properly labeled on both on the exterior and interior of the panel. The administrator will monitor compliance during daily community rounds and when new construction or renovation is planned. Any findings will be reported to the Quality of Life</p>		10/25/2012

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on interview with the Maintenance Supervisor on 10/18/12 at 1:15 p.m., it was acknowledged the location of the breaker for the fire alarm panel was unknown..</p> <p>3.1-19(b)</p>			Risk Management Committee.			

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K0056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 closets in the Administration Coordinator's office was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 2 residents observed in the corridor outside the office on Administrative hall as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 10/18/12 at 1:20 p.m. with the Maintenance Supervisor, the closet in the Administration Coordinator's office at the west end of the room was not provided with sprinkler coverage. Based on interview on 10/18/12 at 1:22 p.m. with the</p>			K0056	<p>Facility Position: The facility has and had at the time of survey, policies and procedures in place to assure testing and maintenance of the fire alarm system in accordance with applicable requirements. Plan of Correction: Services have been contracted with a fire safety system contractor to install an automatic sprinkler head above the interior of the closet located in the admissions coordinator office. The physical plant director will monitor contractor progress and work to assure sprinkler is installed in accordance with this plan. The administrator will monitor compliance during daily community rounds and when new construction or renovation is planned. Any findings will be reported to the Quality of Life Risk Management Committee.</p>		11/16/2012

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	<p>Maintenance Supervisor, it was acknowledged there was no sprinkler head present in the closet in the Administration Coordinator's office to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(b) 3.1-19(ff)</p>						

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 6 residents on Main hall adjacent to the kitchen as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/18/12 at 1:48</p>			K0064	<p>Facility Position: The facility has and had at the time of survey, policies and procedures in place to assure testing and maintenance of the fire alarm system in accordance with applicable requirements. Plan of Correction: A proper placard for a K-class portable fire extinguisher has been orderd from a fire safety system contractor. The physical plant director will monitor timely delivery and installation of the placard. The administrator will monitor compliance during daily community rounds and when new construction or renovation is planned. Any findings will be reported to the Quality of Life Risk Management Committee.</p>		11/16/2012

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	<p>p.m. with the Maintenance Supervisor, there was a K-class fire extinguisher conspicuously placed next to the entry door to the kitchen, but it lacked a placard. Based on interview on 10/18/12 at 1:50 p.m. with the Maintenance Supervisor, it was acknowledged the K-class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>						